

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/009369**

FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED     | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|------------------------|------|------------------------|------|
|              | IND.                   | DEP. | IND.                   | DEP. |
| 1            | 1                      |      |                        |      |
| 2            | 1                      |      |                        |      |
| 3            | 1                      |      |                        |      |
| 4            | 1                      |      |                        |      |
| 5            | 4                      |      |                        |      |
| 6            | 4                      |      |                        |      |
| 7            | 4                      |      |                        |      |
| 8            | 4                      |      |                        |      |
| 9            | ①                      |      |                        |      |
| 10           | ①                      |      |                        |      |
| 11           | 4                      |      |                        |      |
| 12           | 4                      |      |                        |      |
| 13           | 4                      |      |                        |      |
| 14           | 4                      |      |                        |      |
| 15           | ①                      |      |                        |      |
| 16           | ①                      |      |                        |      |
| 17           | 1                      |      |                        |      |
| 18           | 1                      |      |                        |      |
| 19           |                        |      |                        |      |
| 20           |                        |      |                        |      |
| 21           | 4                      |      |                        |      |
| 22           | 4                      |      |                        |      |
| 23           | ①                      |      |                        |      |
| 24           | 4                      |      |                        |      |
| 25           | 4                      |      |                        |      |
| 26           | 4                      |      |                        |      |
| 27           |                        |      |                        |      |
| 28           |                        |      |                        |      |
| 29           |                        |      |                        |      |
| 30           |                        |      |                        |      |
| 31           |                        |      |                        |      |
| 32           |                        |      |                        |      |
| 33           |                        |      |                        |      |
| 34           |                        |      |                        |      |
| 35           |                        |      |                        |      |
| 36           |                        |      |                        |      |
| 37           |                        |      |                        |      |
| 38           |                        |      |                        |      |
| 39           |                        |      |                        |      |
| 40           |                        |      |                        |      |
| 41           |                        |      |                        |      |
| 42           |                        |      |                        |      |
| 43           |                        |      |                        |      |
| 44           |                        |      |                        |      |
| 45           |                        |      |                        |      |
| 46           |                        |      |                        |      |
| 47           |                        |      |                        |      |
| 48           |                        |      |                        |      |
| 49           |                        |      |                        |      |
| 50           |                        |      |                        |      |
| TOTAL IND.   | 1                      |      |                        |      |
| TOTAL DEP.   | 58                     | ↓    | ↓                      | ↓    |
| TOTAL CLAIMS | 105                    | ↓    | ↓                      | ↓    |

| *            | IND. | DEP. | * | IND. | DEP. | * | IND. | DEP. |
|--------------|------|------|---|------|------|---|------|------|
| 51           |      |      |   |      |      |   |      |      |
| 52           |      |      |   |      |      |   |      |      |
| 53           |      |      |   |      |      |   |      |      |
| 54           |      |      |   |      |      |   |      |      |
| 55           |      |      |   |      |      |   |      |      |
| 56           |      |      |   |      |      |   |      |      |
| 57           |      |      |   |      |      |   |      |      |
| 58           |      |      |   |      |      |   |      |      |
| 59           |      |      |   |      |      |   |      |      |
| 60           |      |      |   |      |      |   |      |      |
| 61           |      |      |   |      |      |   |      |      |
| 62           |      |      |   |      |      |   |      |      |
| 63           |      |      |   |      |      |   |      |      |
| 64           |      |      |   |      |      |   |      |      |
| 65           |      |      |   |      |      |   |      |      |
| 66           |      |      |   |      |      |   |      |      |
| 67           |      |      |   |      |      |   |      |      |
| 68           |      |      |   |      |      |   |      |      |
| 69           |      |      |   |      |      |   |      |      |
| 70           |      |      |   |      |      |   |      |      |
| 71           |      |      |   |      |      |   |      |      |
| 72           |      |      |   |      |      |   |      |      |
| 73           |      |      |   |      |      |   |      |      |
| 74           |      |      |   |      |      |   |      |      |
| 75           |      |      |   |      |      |   |      |      |
| 76           |      |      |   |      |      |   |      |      |
| 77           |      |      |   |      |      |   |      |      |
| 78           |      |      |   |      |      |   |      |      |
| 79           |      |      |   |      |      |   |      |      |
| 80           |      |      |   |      |      |   |      |      |
| 81           |      |      |   |      |      |   |      |      |
| 82           |      |      |   |      |      |   |      |      |
| 83           |      |      |   |      |      |   |      |      |
| 84           |      |      |   |      |      |   |      |      |
| 85           |      |      |   |      |      |   |      |      |
| 86           |      |      |   |      |      |   |      |      |
| 87           |      |      |   |      |      |   |      |      |
| 88           |      |      |   |      |      |   |      |      |
| 89           |      |      |   |      |      |   |      |      |
| 90           |      |      |   |      |      |   |      |      |
| 91           |      |      |   |      |      |   |      |      |
| 92           |      |      |   |      |      |   |      |      |
| 93           |      |      |   |      |      |   |      |      |
| 94           |      |      |   |      |      |   |      |      |
| 95           |      |      |   |      |      |   |      |      |
| 96           |      |      |   |      |      |   |      |      |
| 97           |      |      |   |      |      |   |      |      |
| 98           |      |      |   |      |      |   |      |      |
| 99           |      |      |   |      |      |   |      |      |
| 100          |      |      |   |      |      |   |      |      |
| TOTAL IND.   |      |      |   |      |      |   |      |      |
| TOTAL DEP.   |      | ↓    | ↓ | ↓    | ↓    | ↓ | ↓    | ↓    |
| TOTAL CLAIMS |      |      |   |      |      |   |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS